



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
22 Jefferson		0452 Clancy Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1	48	1.80	89	08/26/04	_____	_____
100	1	2	23	1.80	84	08/20/04	_____	_____
100	1	3	50	1.57	71	08/20/04	_____	_____
100	1	4	38	1.57	78	08/26/04	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
22 Jefferson		0453 Whitehall Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
65	4-47	1	92.5	1.80	84	07/13/04	_____	_____
65	4-47	2	55	1.36	65	07/13/04	_____	_____
65	4-47	3	62.8	1.57	72	07/13/04	_____	_____
65	4-47	4	55.5	1.57	77	07/13/04	_____	_____
65	4-47	5	88.6	1.80	84	07/13/04	_____	_____
65	4-47	6	48	1.15	59	07/13/04	_____	_____



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County:		District:					District Level:	
22 Jefferson		0454 Whitehall H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
35	2	1	92.5	1.80	84	07/13/04	_____	_____
35	2	2	55	1.36	65	07/13/04	_____	_____
35	2	3	62.8	1.57	72	07/13/04	_____	_____
35	2	4	55.5	1.57	77	07/13/04	_____	_____
35	2	5	88.6	1.80	84	07/13/04	_____	_____
35	2	6	48	1.15	59	07/13/04	_____	_____



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County:		District:					District Level:	
22 Jefferson		0456 Boulder Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
55	7	1	96	0.95	42	07/14/04	_____	_____
41	7	2-Basin	44	1.57	71	None	_____	_____
57	7	3-Valley	75	1.15	59	08/26/04	_____	_____



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County:		District:					District Level:	
22 Jefferson		0457 Jefferson H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
45	1	1	96	0.95	42	07/14/04	_____	_____
59	1	2-Basin	44	1.57	71	None	_____	_____
43	1	3-Valley	75	1.15	59	08/26/04	_____	_____
100	1	4	81.2	1.57	72	08/30/04	_____	_____
100	1	5-MT City	108.4	1.80	84	08/20/04	_____	_____
100	1	6-Frontage	88.6	1.57	72	08/26/04	_____	_____
100	1	7-Blue Sky	98.3	1.80	84	08/20/04	_____	_____



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Date		Signature, Chair, Board of Trustees						
County: 22 Jefferson		District: 0458 Cardwell Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	16-31	1A	116	0.95	47	07/13/04	_____	_____
100	16-31	2	62.4	1.15	54	07/13/04	_____	_____